



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| | | | |
|---|---------|------------|----------------|
| PART I LOBBYIST | | | |
| NAME (Last) | (First) | (Middle) | TELEPHONE |
| Allen | Brandi | | 545-4300 x 310 |
| MAILING ADDRESS (Street) | | | FAX |
| 1132 Bishop St. Suite 402 | | | 545-4369 |
| (City) | (State) | (Zip Code) | |
| Honolulu | Hawaii | 96813 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| | | | |
| MAILING ADDRESS (Street) | | | FAX |
| | | | |
| (City) | (State) | (Zip Code) | |
| | | | |

| | | |
|--|---------|----------------|
| PART II ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | TELEPHONE |
| The Chamber of Commerce of Hawaii | | 545-4300 |
| MAILING ADDRESS (Street) | | FAX |
| 1132 Bishop St. Suite 402 | | 545-4369 |
| (City) | (State) | (Zip Code) |
| Honolulu | Hawaii | 96813 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Lisa Miyahira | | 545-4300 x 389 |
| MAILING ADDRESS (Street) | | FAX |
| 1132 Bishop St. Suite 402 | | 545-4369 |
| (City) | (State) | (Zip Code) |
| Honolulu | Hawaii | 96813 |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use ManagementOther: (Indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*Brandi K Allen

(Signature of Lobbyist)

1-17-06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

James C. TollefsonPresident and CEO

NAME OF ORGANIZATION (if applicable)

TELEPHONE

The Chamber of Commerce of Hawaii545-4300 x 388

MAILING ADDRESS (Street)

FAX

1132 Bishop St. Suite 402545-4369

(City)

(State)

(Zip Code)

HonoluluHawaii96813*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*James C. Tollefson

(Signature of Authorizing Officer or Person Represented)

1-12-06

(Date)